



# Rockin' by the River

## Day Camp

**Mishawaka Parks & Recreation Department**

**801 N. State St. Mishawaka, IN 46544**

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**Summer 2016**

Week(s) (circle)	Dates	Theme	Basic or Extended (circle one)	3-day or 5- day (circle one)
1	June 6 – 10	All About Me/When I Grow Up	Basic Extended	3-day 5-day
2	June 13 – 17	Pirate	Basic Extended	3-day 5-day
3	June 20 – 24	Backyard fun/Outdoor Living @ George Wilson Park	Basic Extended	3-day 5 day
4	June 27 - July 1	Stars & Stripes	Basic Extended	3-day 5 day
5	July 5 – 8 Closed July 4	Dinosaurs	Basic Extended	4-day for 3-day price
6	July 11 – 15	Super Hero	Basic Extended	3-day 5-day
7	July 18 – 22	Ocean Beach	Basic Extended	3-day 5-day
8	July 25 – 29	Bugs/Butterflies @ George Wilson Park	Basic Extended	3-day 5-day
9	August 1 – 5	Color/Art	Basic Extended	3-day 5-day
10	August 8 - 12	Tribal/Princess City	Basic Extended	3-day 5-day

**Registration/Activity Fee: \$25.00/child (includes a camp T-shirt)**

### Basic Camp Fees

3-Day Basic 9:15 am - 3:30 pm: \$75.00

5-Day Basic 9:15am - 3:30 pm: \$120.00

### Extended Camp Fees

3-Day Extended 7:30 am - 5:30 pm: \$90.00

5-Day Extended 7:30 am - 5:30 pm: \$165.00

# Camp 2016 Registration

## Rockin' by the River Day Camp

Camper's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_ Grade in Fall 2016 \_\_\_\_\_

Attended Day Camp before? \_\_\_\_ Yes \_\_\_\_ No If yes, how many years? \_\_\_\_\_

T-shirt size (circle one): YS (6-8) YM (10-12) YL (14-16) S M L XL

**(Shirt is included with Camp Registration)**

### Emergency Contact Information

Parent/Guardian(s) \_\_\_\_\_ Home Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Names of two alternates who may be contacted in case of emergency, and who have my permission to provide transportation:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### Consent for Participation

My child has permission to swim at camp. \_\_\_\_ Yes \_\_\_\_ No

I give my child permission to attend Day Camp and participate in all activities. I have read the camp policies and procedures and agree to cooperate with all regulations. \_\_\_\_ Yes \_\_\_\_ No

You have my permission to use photographs in which my child's picture appears for the Mishawaka Parks and Recreation Department publicity. \_\_\_\_ Yes \_\_\_\_ No

I understand there may be hikes or walks away from Camp Sites and my child has permission to go on these trips as part of Day Camp. I understand adequate care and supervision will be given at all times. \_\_\_\_ Yes \_\_\_\_ No

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Camper's Name \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Name and identification number of family hospital/medical insurance \_\_\_\_\_

Employer through which insurance is received \_\_\_\_\_

Date of last Tetanus Shot/Booster \_\_\_\_\_

**To assist the camp staff in case of need, please indicate if your child is subject to any of the problems listed below.**

**Known allergies:**

Food \_\_\_\_\_ Drugs \_\_\_\_\_ Plants \_\_\_\_\_

Animals \_\_\_\_\_ Insects \_\_\_\_\_ Other \_\_\_\_\_

Explain reaction and indicate medication used: \_\_\_\_\_

**Check if prone to any of the following conditions:**

Asthma \_\_\_\_\_ Stomach Upset \_\_\_\_\_ Hyperactive \_\_\_\_\_

Learning Disabled \_\_\_\_\_ Frequent Headaches \_\_\_\_\_ High Blood Pressure \_\_\_\_\_

Ear Problems \_\_\_\_\_ Epilepsy \_\_\_\_\_ Heart Problems \_\_\_\_\_

Diabetes \_\_\_\_\_ Fainting \_\_\_\_\_ Visual/Hearing Problems \_\_\_\_\_

Convulsions \_\_\_\_\_ Other (please explain) \_\_\_\_\_

Any disability requiring accommodation in the form of special attention, auxiliary aids or services, removal of physical or communications barriers, etc. (please specify): \_\_\_\_\_

List any specific activities to be avoided: \_\_\_\_\_

Medicines your child is taking now and dosage: \_\_\_\_\_

**\* Supervisors may NOT dispense medication to campers. The camper MUST remain at home if receiving medication for a communicable disease. We are a *Day Camp*, not a day care facility with separate care for ill children.\***

I certify that my child is in good health and can participate in all normal activities. I understand reasonable measures will be taken to safeguard the health and safety of my child and I will be notified as soon as possible in case of an emergency. In the event of sickness/accident, I give my permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above.

Signature of parent or guardian \_\_\_\_\_

Total Due \_\_\_\_\_ Amount Paid \_\_\_\_\_ Date \_\_\_\_\_

Camper's Name \_\_\_\_\_

Week(s) (circle)	Dates	Theme	Basic or Extended (circle one)	3-day or 5-day (circle one)	Day not attending (3-day session)	Receipt # (Office Use Only)
1	June 6 – 10	All About Me/When I Grow Up	Basic Extended	3-day 5-day		
2	June 13 – 17	Pirate	Basic Extended	3-day 5-day		
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## **Camp Fees, Information and Policies**

Mishawaka Parks & Recreation reserves the right to cancel this program in the event of low registration or an emergency.

**Registration/Activity Fee:** \$25.00/child (includes a camp T-shirt)

### **Basic Camp Fees**

3-Day Basic 9:15 am -3:30 pm: \$75.00  
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### **Late Pick-Up from Camp/Late Fees**

Staff is only at camp from 7:30am to 5:30pm. Please do not drop your child off before 7:30am. Please be prompt in picking your child up at the designated time.

**If parents are late in picking up their youth, they will be assessed a \$10.00 late fee per child for each 15 minutes that they are late. This will need to be paid at the time the child is picked up. If the fee is not paid, the child will not be allowed to attend camp the following day.**

### **Sibling Discounts**

Sibling discount of: 2<sup>nd</sup> child \$10/week 3<sup>rd</sup> child \$20/week - Must meet guideline requirements.

Basic day drop-in rate of \$30.00 per day is available with a 24 hour notice. Extended day drop-in rate of \$40.00 per day is available with a 24 hour notice.

### **Who can come to day camp?**

Our day camp program is open to all youth, ages 6 through 11.

### **Where is Camp?**

We are located at Castle Manor in Merrifield Park, 1000 E. Mishawaka Ave. in Mishawaka. Except week of June 20-24<sup>th</sup> and July 25-29<sup>th</sup>, camp will be held at George Wilson Park, 2605 S. Clover Rd, in Mishawaka (corner of Clover Rd. & Dragoon Trail)

### **What to Bring & Wear**

Campers should wear play clothes and tennis shoes and dress according to the weather of the day. Campers should bring a swimsuit and towel every day. Please send sunscreen with your child. It is a good idea to label the above items.

### **Lunch/Snack**

Lunch will be provided; however, we are not able to accommodate "Special Diet" needs. Campers may bring extra drinks (no soft drinks) and a healthy snack.

**Campers are not allowed to bring electronic devices or toys to camp. The Mishawaka Parks Department is not responsible for lost or stolen items.**